LEAP!

INTO THE 2005 SCHOOL YEAR IN
THE

Tempe Teen
LEAP!
PROGRAM

L ifeskill
E nrichment
A fter school
P rogram

Where: Marcos de Niza High School

When: 2:30-6 pm

Beginning: August 8, 2005 (the first day of school)

Fee: *$35/week

*Students with DDD eligibility do not pay a fee and should contact their case manager for enrollment.

See reverse for program details.

For more information, contact Linda Cano, CTRS at 858-2469, TDD 350-5050 or email Linda_cano@tempe.gov.

Tempe Leap Program

The City of Tempe offers this after school program for Teens in Special Education classes who attend **ANY** high school in the Tempe school district during the 2005-2006 school year.

Eligibility:

All Tempe Union High School special education students are eligible to take part in this program.

Fees:

$35 per week. Payments may be made to the program staff or at the **Tempe Parks and Recreation** office, 3500 S. Rural Rd (payments will <u>not</u> be accepted in the KidZone/Social Services office).

*The City of Tempe Parks and Recreation program has a contract with the Department of Developmental Disabilities (DDD). An authorization must be received from the case manager prior to the student's participation in the program. Authorizations may be faxed to (480) 858-2431.

Registration:

Parents/guardians must complete a registration form for each student who will be participating in the program.

Forms may be mailed to: Adapted Recreation, 715 W. 5th Street, Tempe 85281.

Registration forms may be dropped off at the Parks and Recreation Office, 3500 S. Rural Road (2nd floor of the Tempe Library).

Additional forms may be downloaded from the website www.tempe.gov/pkrec/specpop.

Transportation:

TUHSD will provide transportation from the student's school to Marcos de Niza. Call the Adapted Recreation Office at (480) 858-2469 to discuss transportation. Parents/guardians are responsible for transportation home. Students must be picked up prior to 6 pm.

Half Days/Holidays:

The program will be closed on all City recognized holidays and on all days in which the schools are closed.

Due to the limited availability of facilities, the program follows <u>only</u> the Marcos de Niza half day schedule.

Program Format:

The program's primary focus is life skill enrichment. It is requested that parents provide the staff with a copy of the student's IEP as this will be helpful in planning weekly activities. Students may occasionally take off site trips in a City of Tempe vehicle. Permission from the parents/guardians will be required.

Tempe

2005-06 Teen LEAP Program

CHILD'S NAME _____ SEX _____

STREET ADDRESS _____ BIRTHDATE _____ AGE _____

CITY & STATE _____ ZIP CODE _____

MOTHER OR GUARDIAN'S NAME _____ EMPLOYER _____

FATHER OR GUARDIAN'S NAME _____ EMPLOYER _____

PHONE NUMBERS:

HOME: _____ WORK _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____
(In case parent can't be reached)

SCHOOL INFORMATION:

SCHOOL ATTENDING IN 2004-2005 (circle one):   TEMPE HIGH   MARCOS DE NIZA   MT. POINT

                                              MCCLINTOCK   CORONA DEL SOL

TEACHER'S NAME _____

CHILD MAY BE CHECKED OUT BY:

NAME_____ PHONE: _____

NAME_____ PHONE: _____

List any known allergies: _____

Is this participant subject to seizures? _____ Last Seizure: _____

Does your child require any special accommodations? _____
_____

List any additional information that you feel is pertinent for meeting your child's needs or emergency problems that may arise, including activities/interests your child has:
_____
_____
_____
_____
_____
_____
_____

In Case of Emergency:

Preferred Hospital:_____ Doctor:_____

I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

■ With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
■ I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
■ I understand that all reasonable efforts will be extended to insure my health and safety.
■ If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
■ I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
■ I agree to look to my private physician for medical advise and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____
_____

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

_____   _____
 Signed (Parent or Legal Guardian)   Date

Consent Form and Photographic Release
<u>Photographic Release</u>

Many activities in this program are of interest to our community. The local newspapers and television stations occasionally ask permission to photograph the children at the camp site when doing reports about summer activity if the situation presents itself during the course of the summer program.

I hereby give my consent to the use of television or photographs taken and/or published by the media for such publicity as the City of Tempe Community Services Department and the feel will benefit the work for the developmentally disabled without consideration of any kind. I do hereby release the City of Tempe Community Services Department from any claims whatever which may arise in said regard.

Pictures taken as part of this program may be used in connection with illustrative or written printed matter, story, or news items. I waive the right to inspect, and/or approve the finished product that may be used.

_____   _____
 Signed (Parent or Legal Guardian)   Date